PROPERTY TRANSACTION

OTECH 254-TMS (REV. 06/2015)

Tenant Managed Services (TMS)

renant managed betvices (1mb)						
Visit Information						
Tenant Name: CRQ/INC Number:						
Tenant Organization:			Date:			
Work Phone:			Entering Time:			
Work Filone.			Entering rime.			
Cell Phone (contact number while onsite):			Exiting Time:			
Description of Tenant						
brought into and			he California Depa ⊺	irtment of Techno	**Serial #, Name of	
Equipment Description	Being Brought	•	Make	Model #	Agency on Asset	
_qa.pe.u 2000.p.io.i	In	Out	mano		Tag or N/A	
**If equipment listed does NOTE: 1			sset tag or a serial r IRITY GUARD MUS			
Attach additional copies of the form as needed. PAGE OF						
			OF			
Tenant Check In Signature: Officer's Signature:						
			I have inspected the above equipment being brought into the facility.			
			Officer's Signature: I have inspected the above equipment being removed from the facility and			
			have verified that the equipment belongs to the Tenant.			
TMS or OHMS Check Out S	Signature:	L				
I have inspected the above equipment being removed from the facility and have verified that the equipment belongs to the Tenant.						
- USED FOR COMPUTER ROOM EQUIPMENT REMOVALS ONLY -						

NOTE: Please bring a hard copy of this form with you to the OTech facility to facilitate your check-in and check-out processing by California Department of Technology security personnel.

EQUIPMENT SHALL NOT BE REMOVED FROM THE FACILITY OUTSIDE OF NORMAL BUSINESS HOURS WITHOUT PRIOR APPROVAL FROM TMS OR OHMS